



19 CROSBY DRIVE  
BEDFORD, MASSACHUSETTS 01730  
(617)275-2970

TRANSMITTAL MEMORANDUM

TO: Don Smith

DATE: February 25, 1983

FROM: Rob Palermo

COPIES: File

SUBJECT: TDD #F1-8212-17, Pine Swamp/Olin Corporation, Hamden, Connecticut

Please find enclosed three completed copies of EPA Form 2070-2, NUS/FIT Trip Report, and National Priorities Checklist of Data Requirements.

This package was prepared in response to Technical Directive Document Number F1-8212-17 and constitutes completion of a preliminary assessment of the subject facility.

A handwritten signature in black ink that reads "Robert S. Palermo".

Robert S. Palermo  
Preliminary Assessment Group Leader

RSP/dlg



A Halliburton Company



19 CROSBY DRIVE  
BEDFORD, MASSACHUSETTS 01730  
(617) 275-2970

INTERNAL CORRESPONDENCE

TO: Rob Palermo, PAGL

DATE: February 25, 1983

FROM: Colin P. Young

COPIES: File

SUBJECT: TDD #F1-8212-17, Pine Swamp/Olin Corporation, Hamden, Connecticut

Based on observations and contacts made in reference to Pine Swamp, I recommend that an on-site investigation be conducted to verify the concentrations of suspected wastes which may be migrating into Lake Whitney, a public drinking water supply. Pine Swamp, which is comprised of five surface ponds, has been previously monitored in a two-phase investigation conducted by E.R.T. of Concord, Massachusetts, by contract from Olin Corporation. The investigation, which was conducted between January of 1981 and June of 1982, produced results which showed traces of battery waste metals (cadmium, zinc, lead, and mercury) and some organic solvents (1,1,1-trichloroethane and TCE).

Due to the fact that this site is adjacent and hydrologically connected to a public drinking water supply and is potentially vulnerable to contamination, I offer the following recommendations:

1. Resample the existing monitoring wells on the site for priority pollutants.
2. Site specific information should be obtained and reviewed in order to develop a better understanding of the Pine Swamp area.
  - 2a. Obtain a copy of ERT's report on Pine Swamp for the purpose of comparing and confirming past monitoring and sampling data with newly obtained data.
  - 2b. Obtain geologic and hydrogeologic maps, reports, existing well logs, and charts to provide a better understanding of the hydrogeologic conditions which exist at the site.
  - 2c. Obtain aerial photographs for a better overview of the area.
3.
  - 3a. Take surface water samples from the five ponds in Pine Swamp for the purpose of evaluating their contribution to Lake Whitney's potential contamination.
  - 3b. Take surface water samples to be analyzed for priority pollutants from Lake Whitney to assess the extent of contamination, if any.
4. Identify local drinking and monitoring wells outside site and sample them for possible contamination.



Colin P. Young  
Public Health Specialist

CPY/dlg

## NUS/FIT TRIP REPORT

**SITE:** TDD #F1-8212-17, Pine Swamp/Olin Corporation

**LOCATION:** Hamden, Connecticut

**DATE:** February 23, 1983

**SITE VISIT PERFORMED BY:** Colin Young and Beverly Kille

**COMMENTS:** The following observations were made during the perimeter survey:

1. The site is surrounded by a fence.
2. No residential dwellings are in the vicinity.
3. Despite the snow cover, the site appeared to be neat and clean.
4. The site consists of various bodies of water.

**NOTES:**

**REFERENCES:**

1. Chester Knowles, Director of Environmental and Energy Affairs, Olin Corporation, Hamden, Connecticut
2. Ed Parker, Connecticut Department of Environmental Protection, Hartford, Connecticut
3. Connecticut DEP files

dlg



## POTENTIAL HAZARDOUS WASTE SITE

## IDENTIFICATION AND PRELIMINARY ASSESSMENT

I CTD 980 527 082

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency, Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

## I. SITE IDENTIFICATION

A. SITE NAME Olin Corporation	B. STREET (or other identifier) 475 Putnam Avenue						
C. CITY Hamden	D. STATE CT.	E. ZIP CODE 06514	F. COUNTY NAME New Haven				
G. OWNER/OPERATOR (if known)	H. TYPE OF OWNERSHIP						
1. NAME Chester L. Knowles; Director of Environmental & Energy Affairs	2. TELEPHONE NUMBER (203) 356-2178	<input type="checkbox"/> 1. FEDERAL	<input type="checkbox"/> 2. STATE	<input type="checkbox"/> 3. COUNTY	<input type="checkbox"/> 4. MUNICIPAL	<input checked="" type="checkbox"/> 5. PRIVATE	<input type="checkbox"/> 6. UNKNOWN
I. SITE DESCRIPTION Site comprised of clay, fine sand and silt. It contains 5 ponds which branch into Lake Whitney. Borders west with Penn Central RR., north with Treadwell St.				J. HOW IDENTIFIED (i.e., citizen's complaint, OSHA citations, etc.) EPA Notification of Hazardous Waste Site Form #8900-1			
K. DATE IDENTIFIED (mo., day, & yr.) 8/30/82				L. PRINCIPAL STATE CONTACT			
1. NAME Patrick Bowe	2. TELEPHONE NUMBER (203) 566-5712						

## II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM					
<input checked="" type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN					
B. RECOMMENDATION					
<input type="checkbox"/> 1. NO ACTION NEEDED (no hazard)					
<input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR:					
<input checked="" type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY:					
<input type="checkbox"/> b. WILL BE PERFORMED BY:					
<input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)					

C. PREPARER INFORMATION					
1. NAME Colin P. Young	2. TELEPHONE NUMBER (617) 275-2970	3. DATE (mo., day, & yr.) 1/7/83			

## III. SITE INFORMATION

A. SITE STATUS		
<input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)		
<input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.)		
3. OTHER (specify): Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)		
Since 1966		
B. IS GENERATOR ON SITE?		
<input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):		
C. AREA OF SITE (In acres)		
2 acres	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 41° 20' 52"	2. LONGITUDE (deg.-min.-sec.) 72° 55' 30"
E. ARE THERE BUILDINGS ON THE SITE?		
<input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):		

T2070-2 (10-79)

Continue On Reverse

## IV. C. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

X A. TRANSPORTER	X B. STORER	X C. TREATER	X D. DISPOSER
1. RAIL	1. FILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

## E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Site had been active since the early 1900's, but not specifically by Olin. They are unsure of activities which occurred prior to 1915. Sources of waste originate from military ammunition and fire arms manufacturing. Open burning also occurred up to closure.

## V. WASTE RELATED INFORMATION

## A. WASTE TYPE

1. UNKNOWN     2. LIQUID     3. SOLID     4. SLUDGE     5. GAS

## B. WASTE CHARACTERISTICS

1. UNKNOWN     2. CORROSIVE     3. IGNITABLE     4. RADIOACTIVE     5. HIGHLY VOLATILE  
 6. TOXIC     7. REACTIVE     8. INERT     9. FLAMMABLE

10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount(specify unit of measure)of waste by category; mark 'X' to indicate which wastes are present.

A. SLUDGE	B. OIL	C. SOLVENTS	D. CHEMICALS	E. SOLIDS	F. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
AMOUNT Unknown	AMOUNT Unknown	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
X <sup>1</sup> (1) PAINT, PIGMENTS	X <sup>1</sup> (1) OILY WASTES	X <sup>1</sup> (1) HALOGENATED SOLVENTS	X <sup>1</sup> (1) ACIDS	X <sup>1</sup> (1) FLYASH	X <sup>1</sup> (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMELT. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMELT. WASTES	(5) OTHER (specify):
			(6) CYANIDE	X (6) OTHER (specify):	
			(7) PHENOLS	Battery waste	
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify)		

## V. WASTE RELATED INFORMATION (continued)

## 3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Chlorinated Alkanes: 1,1,1-trichloroethane  
                                   -trichloroethylene  
                                   Metals-cadmium, zinc  
                                   lead  
                                   mercury

## 4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

Above contaminants are results of battery waste disposal and arms & ammunition manufacturing

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo.,day,yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH	X			Potential contamination of drinking water.
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY	X			Hydrologically connected and adjacent to Lake Whitney, a public water supply
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER	X			Buried waste in Hydrologically active area.
8. CONTAMINATION OF SURFACE WATER	X			Adjacent to Pine Swamp, Lake Whitney and 5 ponds.
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL	X			Buried waste with known contaminants
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS	X			Broken street drain causes water to wash across contaminated area into pond A.
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

**VII. PERMIT INFORMATION****A. INDICATE ALL APPLICABLE PERMITS HELD**

THE SITE.

1. NPDES PERMIT     2. SPCC PLAN     3. STATE PERMIT (specify): \_\_\_\_\_  
 4. AIR PERMITS     5. LOCAL PERMIT     6. RCRA TRANSPORTER  
 7. RCRA STORER     8. RCRA TREATER     9. RCRA DISPOSER
10. OTHER (specify): None

**B. IN COMPLIANCE?**

1. YES     2. NO     3. UNKNOWN

4. WITH RESPECT TO (list regulation name &amp; number): N.A.

**VIII. PAST REGULATORY ACTIONS**

- A. NONE     B. YES (summarize below)

**IX. INSPECTION ACTIVITY (past or on-going)**

- A. NONE     B. YES (complete items 1,2,3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Phase I Investigation	Jan. 1981	Ert. Concord MA.	
Phase II Investigation	June 1982	Ert. Concord MA.	Impact report on surface and ground water at Pine Swamp.
Perimeter Survey	2/2/83	NUS/FIT	Confirm existence and location of site.

**X. REMEDIAL ACTIVITY (past or on-going)**

- A. NONE     B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

**NATIONAL PRIORITIES LIST  
CHECKLIST OF DATA REQUIREMENTS**

**Site Name:** Olin Corporation / Pine Swamp

**Notes:**

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**DATA ELEMENT/PATHWAY**

**Ground and Surface Water and Air**

1. Waste physical state
2. Persistence
3. Toxicity
4. Quantity

<u>Available</u>	<u>Not Appropriate</u>
------------------	------------------------

yes

yes

yes

**Ground Water**

1. Monitoring data OR
  - 1a. Depth of aquifer
  - 1b. Net precipitation
  - 1c. Permeability
2. Ground water use
3. Distance to nearest down-gradient well
4. Population served by wells within 3 miles

yes

no

no

no

yes

no

no

**Surface Water**

1. Monitoring data OR
  - 1a. Slope of terrain
  - 1b. Rainfall intensity
  - 1c. Distance to surface water
  - 1d. Flood potential
2. Surface water use
3. Critical habitats
4. Population served

yes

yes

yes

yes

yes

no

yes

no

no

**Air**

1. Monitoring data
2. Waste reactivity
3. Incompatibility
4. Toxicity
5. Distance to nearest population
6. Population within 1 mile
7. Critical environments
8. Land use

X

## IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

'X'	A. TRANSPORTER	'X'	B. STORER	'X'	C. TREATER	'X'	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION		1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS. TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY	X	8. OTHER (specify):
					9. OTHER (specify):		Burned in open earth pits and concrete troughs.

## E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Waste was shipped to site from Olin and burned on site in open earth pits and concrete troughs.

## V. WASTE RELATED INFORMATION

## A. WASTE TYPE

1. UNKNOWN     2. LIQUID     3. SOLID     4. SLUDGE     5. GAS

## B. WASTE CHARACTERISTICS

1. UNKNOWN     2. CORROSIVE     3. IGNITABLE     4. RADIOACTIVE     5. HIGHLY VOLATILE  
 6. TOXIC     7. REACTIVE     8. INERT     9. FLAMMABLE

10. OTHER (specify): Metals (Zn, Cu, Pb), oil + oil sludge, solvents, salts, shock-sensitive wastes (gunpowder).

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

Amount of chemical process waste disposed of at this site was not reported.

2. Estimate the amount(specify unit of measure)of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
'X' (1) PAINT, PIGMENTS	'X' (1) OILY WASTES	'X' (1) HALOGENATED SOLVENTS	'X' (1) ACIDS	'X' (1) FLYASH	'X' (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER(specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER(specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER(specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER(specify):
			(6) CYANIDE	(6) OTHER(specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			'X' (10) METALS		
			(11) OTHER(specify)		

## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

1. NPDES PERMIT     2. SPCC PLAN     3. STATE PERMIT (specify): \_\_\_\_\_  
 4. AIR PERMITS     5. LOCAL PERMIT     6. RCRA TRANSPORTER  
 7. RCRA STORER     8. RCRA TREATER     9. RCRA DISPOSER  
 10. OTHER (specify): No Permits - (activity ended - 1966)

B. IN COMPLIANCE?

1. YES     2. NO     3. UNKNOWN

4. WITH RESPECT TO (list regulation name &amp; number):

## VIII. PAST REGULATORY ACTIONS

- A. NONE     B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

- A. NONE     B. YES (complete items 1,2,3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Inspection	Late 1979	State DEP	Inspected by Pat Bove - DEP

## X. REMEDIAL ACTIVITY (past or on-going)

- A. NONE     B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

\* Consultant is studying upgradient to determine source and direction of possible groundwater plume contamination.

**NATIONAL PRIORITIES LIST  
CHECKLIST OF DATA REQUIREMENTS**  
Page 2

<u>DATA ELEMENT/PATHWAY</u>	<u>Available</u>	<u>Not Appropriate</u>
<u>Fire and Explosion</u>		
1. Ignition source	no	—
2. Containment	yes	—
3. Ignitability	yes	—
4. Reactivity	yes	—
5. Incompatibility	yes	—
6. Distance to population	yes	—
7. Distance to off-site building	yes	—
8. Distance to sensitive ecosystems	no	—
9. Land use	yes	—
10. Population within 2 miles	no	—
11. Buildings within 2 miles	yes	—
<u>Direct Contact</u>		
1. Evidence OR	no	—
1a. Accessibility	yes	—
1b. Containment	yes	—
2. Toxicity	yes	—
3. Population within 1 mile	no	—
4. Critical habitat	no	—
5. Land use	yes	—



POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be signed by HQ)  
1 CT 00470

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME <i>Pine Swamp</i>	B. STREET (or other identifier) —		
C. CITY <i>Hamden</i>	D. STATE <i>CT</i>	E. ZIP CODE <i>06514</i>	F. COUNTY NAME <i>New Haven County</i>
G. OWNER/OPERATOR (if known) 1. NAME <i>Olin Corporation</i>	2. TELEPHONE NUMBER <i>(203) 566-5712</i>		
3. Winchester Group, New Haven Winchester Arms 275 Winchester Ave. New Haven, CT 06511			

H. TYPE OF OWNERSHIP

1. FEDERAL  2. STATE  3. COUNTY  4. MUNICIPAL  5. PRIVATE  6. UNKNOWN

I. SITE DESCRIPTION

Site was used for chemical waste disposal by Olin Corporation - but has not been in use since 1966.

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)

*Eckhardt List*

K. DATE IDENTIFIED  
(mo., day, & yr.)  
*11/1/79*

L. PRINCIPAL STATE CONTACT

1. NAME

*Patrick Bowe - Department of Environmental Protection* *(203) 566-5712*

Hazardous Waste Section

2. TELEPHONE NUMBER

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM

1. HIGH  2. MEDIUM  3. LOW  4. NONE  5. UNKNOWN

B. RECOMMENDATION

1. NO ACTION NEEDED (no hazard)  
 2. IMMEDIATE SITE INSPECTION NEEDED  
a. TENTATIVELY SCHEDULED FOR:  
  
 3. SITE INSPECTION NEEDED  
a. TENTATIVELY SCHEDULED FOR:  
  
 b. WILL BE PERFORMED BY:  
  
 4. SITE INSPECTION NEEDED (low priority)

C. PREPARER INFORMATION

1. NAME

*Rebecca L. Cleaver - EPA*

2. TELEPHONE NUMBER

*861-6700 X235*

3. DATE (mo., day, & yr.)

*4/25/80*

III. SITE INFORMATION

A. SITE STATUS

1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)  
 2. INACTIVE (Those sites which no longer receive wastes.) Has not been used for disposal since 1966  
 3. OTHER (specify):  
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

1. NO  2. YES (specify generator's four-digit SIC Code): \_\_\_\_\_

C. AREA OF SITE (in acres)  
Actual disposal area = ~ 1/4 acre  
Total area owned by Olin = ~ 300 acres

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES

1. LATITUDE (deg.-min.-sec.)

2. LONGITUDE (deg.-min.-sec.)

E. ARE THERE BUILDINGS ON THE SITE?

1. NO  2. YES (specify): \_\_\_\_\_

## V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Solvents  
Heavy metals

## 4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

\* Olin Corporation has hired a consultant to study and report on ground water contamination on the site — report is forthcoming (July, 1980?) (Contact Pa-Bove - CT. DEP)

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTEN- TIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo.,day,year)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY	X			
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER	X			
8. CONTAMINATION OF SURFACE WATER	X			
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL	X			
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				



POTENTIAL HAZARDOUS WASTE SITE  
TENTATIVE DISPOSITION

REGION

SITE NUMBER  
1 CT-00470

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

## I. SITE IDENTIFICATION

A. SITE NAME <i>Pine Swamp</i>	B. STREET	
C. CITY <i>Hinden</i>	D. STATE <i>CT.</i>	E. ZIP CODE <i>06514</i>

## II. TENTATIVE DISPOSITION

Indicate the recommended action(s) and agency(es) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED - NO HAZARD					
B. INVESTIGATIVE ACTION(S) NEEDED (If yes, complete Section III.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
C. REMEDIAL ACTION NEEDED (If yes, complete Section IV.)					

ENFORCEMENT ACTION NEEDED (if yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)

## E. RATIONALE FOR DISPOSITION

Olin Corp., historic operator of this site, under State DEP Administrative Order is presently conducting a hydrogeologic investigation to assess present levels of groundwater contamination, contaminant plume ~~areas~~ definition, and potential for migration. Results due by 8/1/80.

F. INDICATE THE ESTIMATED DATE OF FINAL DISPOSITION (mo., day, & yr.) <i>10/1/80</i>	G. IF A CASE DEVELOPMENT PLAN IS NECESSARY, INDICATE THE ESTIMATED DATE ON WHICH THE PLAN WILL BE DEVELOPED (mo., day, & yr.)
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H. PREPARED INFORMATION 1. NAME <i>Robert A. O'Meara</i>	2. TELEPHONE NUMBER <i>(617) 223-1129</i>	3. DATE (mo., day, & yr.) <i>5/9/80</i>
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## III. INVESTIGATIVE ACTIVITY NEEDED

A. IDENTIFY ADDITIONAL INFORMATION NEEDED TO ACHIEVE A FINAL DISPOSITION.

*Results of hydrogeologic study.*

## B. PROPOSED INVESTIGATIVE ACTIVITY (Detailed Information)

1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO.	2. SCHEDULED DATE OF ACTION (mo., day, & yr.)	3. TO BE PERFORMED BY (EPA, Con- tractor, State, etc.)	4. ESTIMATED MANHOURS	5. REMARKS
B. TYPE OF SITE INSPECTION (1) — — — — —	— — — — —	— — — — —	— — — — —	— — — — —
(2) — — — — —	— — — — —	— — — — —	— — — — —	— — — — —
(3) — — — — —	— — — — —	— — — — —	— — — — —	— — — — —
C. TYPE OF MONITORING (1) — — — — —	— — — — —	— — — — —	— — — — —	— — — — —
(2) — — — — —	— — — — —	— — — — —	— — — — —	— — — — —
C. TYPE OF SAMPLING (1) <u>groundwater</u> — — — — —	<u>9/80</u>	<u>Source</u>	— — — — —	— — — — —
(2) — — — — —	— — — — —	— — — — —	— — — — —	— — — — —

Continue On Reverse

Continued From Front

**III. INVESTIGATIVE ACTIVITY NEEDED and PART B. PROPOSED INVESTIGATIVE ACTIVITY (Continued)**

4. TYPE OF LAB ANALYSIS a. <u>Groundwater</u>	<u>G/PC</u> <u>State</u>	<u>Source</u> <u>G/PC</u>			
b.					
c. OTHER (specify) <u>Monitoring and installation</u>	<u>5/30</u>	<u>Source</u>			

J. ELABORATE ON ANY OF THE INFORMATION PROVIDED IN PART B. WHICH IS AS NECESSARY TO IDENTIFY ADDITIONAL INVESTIGATIVE WORK.

**D. ESTIMATED MANHOURS BY ACTION AGENCY**

1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES	1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES
a. EPA		b. STATE	
c. EPA CONTRACTOR		d. OTHER (specify) <u>Source</u>	

**IV. REMEDIAL ACTIONS**

A. SHORT TERM EMERGENCY STRATEGY (On Site & Off-Site): List all emergency actions needed to bring site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the space below.

1. ACTION	2. EST. START DATE (mo,day,&yr)	3. EST. END DATE (mo,day,&yr)	4. ACTION AGENCY EPA, State, Private Party	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION. INDICATE THE MAGNITUDE OF THE WORK REQUIRED
<u>None present</u>				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

B. LONG TERM STRATEGY (On Site & Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. EST. START DATE (mo,day,&yr)	3. EST. END DATE (mo,day,&yr)	4. ACTION AGENCY EPA, State, Private Party	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION. INDICATE THE MAGNITUDE OF THE WORK REQUIRED
<u>None present</u>				\$	
				\$	
				\$	
				\$	
				\$	